

Local Headed Paper

[Insert date]

Dear Doctor,

Re: _____ [Insert name and date of birth of participant]

I wish to inform you that the above named patient is a participant in a clinical trial titled:

“Chloroquine/ hydroxychloroquine prevention of coronavirus disease (COVID-19) in the healthcare setting; a randomised, placebo-controlled prophylaxis study (COPCOV)” (IRAS ID: 282109 and REC Ref: 20/SC/0211). This study is sponsored by the University of Oxford.

Your patient has been provided with a copy of this letter and an additional copy of the participant information sheet to share with doctors, nurses or other healthcare professionals should they need to seek medical care during their trial participation.

- COPCOV is looking at whether hydroxychloroquine (chloroquine is being used in other countries) can prevent COVID-19 infection and is recruiting healthcare workers involved in direct care of patients with COVID-19.
- Hydroxychloroquine sulfate has a licence for the treatment of rheumatoid arthritis, discoid and systemic lupus erythematosus, and dermatological conditions caused or aggravated by sunlight. It is widely used to prevent malaria. Hydroxychloroquine may also have antiviral activity. Although trials have found it is not an effective treatment in some patients with COVID-19, COPCOV is looking at whether it can protect from infection.
- Participation involves taking either hydroxychloroquine tablets or placebo tablets for three months. Participants will meet a member of the research team at enrolment, and at monthly intervals for 3 months with a maximum follow-up to five months after starting the study. Blood samples will be taken at enrolment and at the end of the study. Participants will record every day whether they have symptoms of COVID-19 on a smart phone app and if they do get symptoms of COVID-19 they are asked to let the study team know and will be reviewed and have a combined nose/throat swab taken for future analysis and be managed in line with local NHS regulations.
- Hydroxychloroquine is well-tolerated and safe in most people. Some people experience itching. Adverse reactions other than hypersensitivity can affect the heart (for example dysrhythmias via prolonging the QT interval), the central nervous system, the skin, low blood glucose, and visual disturbances have all been described though usually after higher doses and long durations of treatment than used in COPCOV
- Participants in COPCOV may still catch COVID-19 infection. COVID-19 infection can affect the cardiovascular system so if participants in the trial become unwell with symptoms suggestive of COVID-19 they should be assessed carefully for cardiovascular disease, not limited to cardiac conduction disease.
- Trial medication must be stopped for participants who are diagnosed with COVID-19 and need to be hospitalised.
- Below is a list of drugs which should be avoided in patients taking hydroxychloroquine:
 - **Antiarrhythmic medications:** digoxin, amiodarone, sotalol, flecainide
 - **Antiparasitic/malarial agents:** mefloquine, halofantrine, praziquantel
 - **Antibiotics:** levofloxacin, moxifloxacin, ciprofloxacin, azithromycin, clarithromycin, erythromycin
 - **Antifungal drugs:** fluconazole, ketoconazole, itraconazole, terfenadine
 - **Psychoactive drugs:** lithium, quetiapine, chlorpromazine, thioridazine, ziprasidone, haloperidol, droperidol, methadone

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- **Migraine treatment:** sumatriptan
- **Antihistamines:** astemizole
- **Antiemetics:** prochlorperazine, metoclopramide
- **Cancer treatments:** abiraterone, dabrafenib, dacomitinib, enzalutamide, idelalisib, mitotane
- **Other specific drugs:** ciclosporin, conivaptan, agalsidase alfa or beta, mifepristone, stiripentol

A regularly updated list of drugs that may prolong the QT interval are available at www.crediblemeds.org.

- **N.B. We recommend using caution and obtaining a baseline ECG when prescribing drugs that can prolong the QT interval which might include, but are not limited to, some antibiotics, antihistamines and antipsychotic drugs.**
- We may contact you if your patient becomes unwell during their participation in order to request copies of their medical records that document any adverse events, changes to medication or tests or procedures that have been performed during their trial participation.

If you would like further details or background information, or have queries, please do not hesitate to contact me.

Yours faithfully,

Principal Investigator